

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90087 009 \*\*\*138.75

**DOCUMENT # L06000056607**

1. Entity Name  
**GRENDELFLY STUDIO, LLC**



Principal Place of Business  
**1101 GULF BREEZE PARKWAY, SUITE 223  
GULF BREEZE, FL 32561**

Mailing Address  
**1101 GULF BREEZE PARKWAY, SUITE 223  
GULF BREEZE, FL 32561**

**00003868**



2. Principal Place of Business - No P.O. Box #  
**103 West Intendencia**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1301**  
Suite, Apt. #, etc.

01172008 Chg-LLC CR2E083 (12/06)

City & State  
**Pensacola FL**  
Zip  
**32502** Country  
**USA**

City & State  
**Pensacola, FL**  
Zip  
**32591** Country  
**USA**

4. FEI Number  
**43-2106727** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SZOSTEK, KARA**  
**1101 GULF BREEZE PARKWAY, SUITE 223**  
**GULF BREEZE, FL 32561**

7. Name and Address of New Registered Agent

Name  
**Kara Szostek**  
Street Address (P.O. Box Number is Not Acceptable)  
**103 West Intendencia**  
City  
**Pensacola FL** Zip Code  
**32502**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**11/17/08**

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SZOSTEK, KARA  
1101 GULF BREEZE PARKWAY, SUITE 223  
GULF BREEZE, FL 32561 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JOHNSON, GEORGE T  
1101 GULF BREEZE PARKWAY, SUITE 223  
GULF BREEZE, FL 32561 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Szostek, Kara  
103 West Intendencia  
Pensacola, FL 32502 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Johnson, George T  
103 West Intendencia  
Pensacola, FL 32502 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**11/17/08 (850)308-1840**